Section 3: Implementation Tool

Purpose

The implementation tool provides data on the extent to which curriculum sessions or presentations were taught, whether the sessions were modified, the types of challenges encountered during a session, and activities that worked well. Data from this tool can provide an opportunity to review and address implementation challenges, and to measure completeness of implementation.

Overview of Steps for this Tool

To use this tool, you will need to:

- 1. Decide where and how often to use the tool
- 2. Have educators or an observer complete the tool
- 3. Summarize the data
- 4. Interpret the data
- 5. Report your findings

Materials in this Section

- Implementation Tool for Educators (Appendix 3A)
- Implementation Tool for Observers (Appendix 3B)
- Sample of Completed Implementation Tool (Appendix 3C)
- Sample of Implementation Tool Summary (Appendix 3D)

Decide Where and How Often to Use Tool

The first step to using this tool involves deciding what curriculum you want to monitor. You can monitor the curriculum that is being evaluated as part of the statewide evaluation, or you may want to look at another curriculum instead. For example, if your agency is using a newer curriculum, you may want to collect implementation data on each lesson in that curriculum since you haven't been using it for very long.

Sites conducting brief presentations can use this tool to monitor the completeness of implementation of those presentations.

Program sites often work with multiple populations. You may want to start by focusing on a specific population. Here are some factors to consider:

- Are you working with a population you haven't worked with before? If yes, you may be interested in assessing how each lesson is implemented since the curriculum hasn't been implemented with them before.
- Are you implementing your curriculum in a variety of different settings? If yes, you may want to collect implementation data on each lesson from 1-2 health educators in each setting to determine whether curriculum implementation differs depending on where it is taught.

There is no need to collect implementation data from all of your educators each time they implement all of the lessons in the curriculum. You can collect data on every lesson for a sample of implementation cycles. Consider the following points to help you determine how often to collect the data.

Choose a Population or Setting

Decide How Often You Will Collect Curriculum Implementation Data

- An ideal time to collect implementation data is during early implementation cycles so adjustments can be made as needed for future cycles.
- If you have new staff or high staff turn-over, consider collecting implementation data from each health educator who is implementing the curriculum for the first few times they teach all of the lessons.
- Consider collecting implementation data on all lessons during different times of the year (e.g., Fall and Spring). This will provide information on the consistency of implementation over time.

As part of the CPI local evaluation, sites are asked to collect implementation data on <u>every lesson</u> for at least two implementation cycles (unless your program is implemented one time only). Using at least two implementation cycles will provide a more stable picture for making decisions about program improvements.

Summary

After completing this step, you should know for which curriculum, population, and/or setting you will collect data. You should also have decided how often you want to collect the data. Ask yourself: Who? What?, When?, and Where?

2 Complete the Implementation Tool

Decide Which Version of the Tool you Want to Use

There are two versions of the implementation tool.

- Version 1 is designed to be filled out health educators/facilitators who implement the program.
- Version 2 is designed to be filled out by an observer (e.g., by a program manager or another health educator serving as an observer).

Both versions provide the same information. You should pick the version that works best for your setting.

Record Information on Tool

Here are the steps needed to complete the tool. The instructions are the same for either version of the tool:

- Make one copy of the implementation tool for each curriculum lesson or session.
- Give one set of the tools to each health educator or observer who will be completing them.
- Have the educators or observers follow the instructions on the forms.

Note: It is best to review the tool with educators or observers before they start using it to clarify their questions. It is also important to emphasize that the tool is an aid to collect information on the completeness of program implementation—it is not meant to be an individual evaluation of an educator's performance.

3 Summarize Your Implementation Data

Summarize Your Data

identify opportunities for continuous improvement in how your curriculum is taught. Start by looking at the implementation of each lesson and then look at curriculum implementation overall to identify trends or patterns. Here is an example of how you might do this.

It is very important to summarize your data so you can

Lesson by Lesson

- For each session, tally the responses and summarize the comments you received from your health educators or observers for each item on the tool.
- For item #2 on the tool, summarize the number of "yes" responses and divide that by the total number of activities or parts to the session (e.g., 2 of 4). This will show you how much of the lesson each educator was able to complete.

Compute Level of Participant Interest and Engagement in Lessons

Items 3a and 3b on the implementation tool have a fiveoption scale so you can compute the average score for each scale (participants' level of interest and engagement, respectively). Here is an example of how you might do this.

Example: Answers from three health educators on item 3a for one of the lessons.

- Add the point values of the selected answers from all health educators who answered item 3a.
 - 2 educators selected Somewhat Interested (3 points each).
 - 1 educator selected Interested (4 points).
 - 2 people (3 points) + 1 person (4 points) = 10

- Divide this total by the number of people who answered the question.
 - 10 points divided by 3 people who answered = 3.33
- The maximum possible score of 5 points indicates that the participants were very interested during the lesson.
- The minimum score of 1 point indicates that the participants were not at all interested in the lesson.
- Repeat the above process to compute an average of participants' level of engagement.

Look Across Sessions

If you have multiple sessions in your curriculum, count the number of lessons that were modified "a lot" (this is part of question #1). This will give you a picture of what percentage of your curriculum is being modified. This may vary across educators.

Summary

After completing this step, you should have your implementation data summarized so that you can begin to identify common patterns and how you might make program refinements. Ask yourself: What do these results mean?

4 Interpret Your Data

What do you look for?

When interpreting your data, you want to focus on the more common patterns in your results. For example:

- What implementation challenges did the educators encounter?
- Did the educators modify the teaching strategies? If so, can the changes help make the program more appropriate for participants' age, cultural background, and/or literacy level?
- Overall, what worked well and what did not?
- How much of the curriculum was modified?

Here are examples of the patterns you might observe.

Positive Patterns

Implementation went well if your health educators were able to implement most or all of the program, routinely provided positive comments, and if they provided high average scores on the five-option scale questions related to participants' interest and engagement in the program. For example:

- In general, the educators were able to implement the curriculum or presentation with few or minor modifications.
- According to the health educators, participants' interest level was high (score of four or five on a five-option scale).

Patterns Suggesting a Need for Improvement

There may be room for improvement to curriculum implementation if your educators routinely noted similar challenges that they encountered for one or more lessons; if they provided moderate or low scores (average score of 3 or less), on the five-option scale questions; or if they had to modify the sessions a lot.

For example, patterns like this suggest the need for some changes in the curriculum/presentation or how it is taught.

- The majority of educators reported that they had to make a lot of changes to the session or were not able to complete several activities or parts of the session. To address this problem, you need to review the types of modifications made and meet with educators to discuss the implementation challenges and identify ways to address them. For example, if educators could not complete activities because of lack of time, you may want to extend the session over two days. If educators added new content to a session because it addresses an unmet need of the population, you may want to decide if that content should become a formal part of your curriculum/presentation.
- Educators' average score on the five-option scale used to rate participant interest was 2.50. To address this, you may want to look at the curriculum content and determine if it is age appropriate and relevant to the population.
- Educators' average score on the five-option scale used to rate participant engagement was 2.25. To address this, you may want to look at the teaching strategies that are being used, and adjust them to ensure that they are interactive, varied, and ageand culturally-appropriate to the participants.

If you see patterns that suggest a need for program improvement, it may be helpful to discuss the results as a group, and compare them to results from other local evaluation tools (e.g., curriculum content tool or participant satisfaction tool). If you see similar patterns across the tools, it suggests the need for further refinements.

Summary

After completing this step, you should have a sense of what aspects of implementation are working well and what areas could be strengthened or revised to meet the needs of the participants.

Ask yourself: What changes can be made to improve curriculum delivery (e.g., re-order activities, modify existing activities, and provide more educator training on key content or implementation strategies)?

5 Report Your Findings

March 31

By March 31, submit the following to your Evaluation Liaison:

- 1. Copy of the completed implementation tools.
- 2. *Draft* summary of your CPI results. The summary should address the following questions.
 - o Who was involved in completing the implementation tool?
 - O What process was used to complete the tool (e.g., did your site work as a group)?
 - O What prevention education curriculum was used?
 - O How many implementation cycles were monitored?
 - o How many lessons/sessions were monitored?
 - O What did you learn from the implementation tool data you collected?
 - O What changes are you most likely to make based on what you learned from the implementation tool data you collected?
- 3. Completed CPI Feedback Form (see Took Kit Attachments).

You will receive feedback from your Evaluation Liaison on the draft summary of CPI results that you submitted. Incorporate his/her feedback as soon as possible.

By May 1:

Submit a revised summary to your Liaison.

Include a copy of the completed implementation tool and a final version of your CPI summary with your May 1 PROGRAM UPDATE Sheet.

May 1

Implementation Tool: Educator Version

Directions: This form can be used for multi-session curricula or brief presentations. Please fill out one form for each session in the curriculum or presentation. It is best to complete the form right after the session.

Person Completing Form:	Location of Ses	sion:
Name of Curriculum (if applicable):_		
Session Title (and # if applicable):		
Date of Session:	Length of Session (in min.):	# Participants:
1. Overall, how much did you have the curriculum or presentation or		from the way it is presented/written in A lot

2. For each of the activities or parts of this session, please indicate the name of the activity or part, and whether or not you completed it and whether or not you modified it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way you teach something (e.g., making something into a game or using pairs instead of small groups for an activity). If you modified an activity or teaching strategy, please describe the changes you made. You may need to add or delete rows to match your curriculum/presentation.

Activity Check-Off Sheet									
Name of Activity or Part of Session (write in name e.g., refusal skill role play) Did you complete this? (mark one, 'X') Yes, but I made changes outline	, ,	_		If you modified the <u>content,</u> please describe the modifications you made	If you modified the <u>teaching</u> <u>strategies</u> , please describe the modifications you made				
	(e.g., changed order, added or supplemented with other content)	(e.g., used pairs instead of small groups)							
					·				

3 F	lease	circle	on o	ption	for	each	of	the	following	questions.
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	Not at all		Somewhat		Very
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5
3b. How engaged/on task were the participants during the session? Please comment on your rating:	1	2	3	4	5

- What part of this session or presentation do you think had the most impact on participants? Please explain.
- 5. For each activity you were not able to complete (i.e., you marked "no" in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity.

Are there ways this lesson could be changed to make it more effective? 6. If yes, please describe what changes you think should be made.

☐ Yes ☐ No

Implementation Tool: Observer Version

Directions: This form can be used for multi-session curricula or brief presentations. Please fill out one form for each session in the curriculum or presentation that you observe.

Person Completing Form:	Location of Ses	sion:
Name of Curriculum (if applicable):_		
Session Title (and # if applicable):		
Date of Session:	Length of Session (in min.):	# Participants:
Overall, how much did the education presented/written in the curriculum	tor have to change the session/presem or presentation outline?	

2. For each of the activities or parts of this session, please indicate the name of the activity or part, and whether or not you completed it and whether or not you modified it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way something is taught (e.g., making something into a game or using pairs instead of small groups for an activity). If the educator modified an activity or teaching strategy, please describe the changes made. You may need to add or delete rows to match the curriculum/presentation you are observing.

Activity Check-Off Sheet									
Name of Activity or Part of Session (write in name e.g., refusal skill role play) Was this completed? (mark one, 'X') Yes, per session outline No				If educator modified the <u>content,</u> please describe the modifications made	If educator modified the teaching strategies, please describe the modifications				
	(e.g., changed order, added or supplemented with other content)	made (e.g., used pairs instead of small groups)							
	The second secon								

3.	Please	circle o	n option	for	each	of the	following	questions.
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	Not at all		Somewhat		Very
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5
3b How engaged/on task were the participants during the session? Please comment on your rating:	1	2	3	4	5

- 4. What part of this session or presentation do you think had the most impact on participants? Please explain.
- 5. Please describe any challenges in implementation that you observed.

Implementation Tool: Educator Version

Directions: This form can be used for multi-session curricula or brief presentations. Please fill out one form for each session in the curriculum or presentation. It is best to complete the form right after the session.

Person Completing Form: Name of Educator		Location of Session:	Name of Location	
Name of Curriculum (if applicat	ole): 14-week Reproductiv	e Health and Personal S	afety Curriculum	
Session Title (and # if applicable): #11 – Birth Control		A CONTRACTOR OF THE CONTRACTOR	
Date of Session: 05-20-04	Length of Session	(in min.): 60 minutes	# Participants: 27	
Overall, how much did you the curriculum or presentati		ion/presentation from X A little	the way it is presented/written A lot	in

2. For each of the activities or parts of this session, please indicate the name of the activity or part, and whether or not you completed it and whether or not you modified it. Modifications might include changing the order of the lesson, adding new content or activities, or changing the way you teach something (e.g., making something into a game or using pairs instead of small groups for an activity). If you modified an activity or teaching strategy, please describe the changes you made. You may need to add or delete rows to match your curriculum/presentation.

Activity Check-Off Sheet								
Name of Activity or Part of Session (write in name e.g.,	Did you complete this? (mark one, 'X') Yes, Yes, but			If you modified the <u>content</u> , please describe the modifications you made	If you modified the <u>teaching</u> <u>strategies</u> , please describe the modifications you made			
refusal skill role play)	per session outline	I made p	Vo.	(e.g., changed order, added or supplemented with other content)	(e.g., used pairs instead of small groups)			
Discussion – Importance of Protection	X							
Discussion of each birth control method		X		Did not discuss IUD or Norplant because outdated.				
Condom demonstration		X		Not in outline, added to this lesson due to time.	More detailed instructions than in outline.			
Female condom demonstration	-	Х		Not in outline, added due to time.				
Barrier method demonstration		X		Not in outline, added due to time.				

3. Please circle on option for each of the following questions.

	Not at all		Somewhat		Very
3a. How interested, in general, were the participants during the session? Please comment on your rating:	1	2	3	4	5
3b. How engaged/on task were the participants	1		And the state of t	4	5
during the session? Please comment on your rating:					A A A A A A A A A A A A A A A A A A A
	projection of the control of the con				- mail of - mail of

4. What part of this session or presentation do you think had the most impact on participants? Please explain.

The demonstrations went well, everyone was very engaged and interested in seeing how to use each method.

5 For each activity you were not able to complete (i.e., you marked "no" in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity.

Not Applicable.

6. Are there ways this lesson could be changed to make it more effective? X Yes \(\sigma\) No If yes, please describe what changes you think should be made.

Add condom and barrier demos to this lesson. There's not enough time in the next lesson. Exclude IUD and Norplant from this lesson as they are outdated.

Implementation Tool - SAMPLE Summary

From April 15, 2004 until June 24, 2004, [Agency Name] conducted two 14-session trainings for adults with disabilities. A different educator led and monitored the sessions for each training. A total of 28 sessions were monitored. The curriculum that was used for the course was [Name of Curriculum], a 14-week Reproductive Health and Personal Safety Training.

After summarizing and interpreting the data from the Implementation Tool, it is clear that the educators encountered very few challenges and were able to implement the curriculum with very minor modifications. Here are some highlights:

- Not a single lesson was modified "a lot."
- While approximately 75% of the lessons were modified "a little," the educators noted that this was largely due to the need for additional review time as a result of the functioning level of the students.
- Not a single lesson was more than 25% incomplete, and the incompleteness was solely the result of the need for additional review time.
- For the most part, the educators provided scores which indicate a high level of interest among participants. The educators routinely reported average to high scores for participant interest and engagement, with the lowest score for a lesson being 3.5 on a 5-point scale.
- The activities, videos, and visual aids seemed to have the most impact on participants and went over much better than the discussions.
- The teaching strategies were modified very little, usually being altered to make the
 content more accessible to lower functioning participants. Ideas were often repeated if
 necessary and reviewed more than the outlines called for, additional props and visual aids
 were used when appropriate, and concepts were addressed on a basic, simple level when
 necessary.

Overall, the implementation of these two trainings went very well. We were able to implement most of the program and the educators routinely reported high average interest and engagement scores. There were still a few lessons to be learned:

- Because the activities, videos, and visual aids were so well received, these things should always be included in the lesson and should serve as a springboard for discussion. The lessons do not need to be changed to reflect this, for all the activities are already included in the lessons. The trainers should just make a mental note to always include the activities and visual aids and push back discussion if time is an issue.
- One definite change that should be made is including the barrier method demonstration in Lesson 11 rather than in Lesson 12. Lesson 12 is now a combination of two previous lessons, and there is too much information to be covered. Moving the demonstration to the previous lesson, where it fits more appropriately anyway, is the best option.
- The only other definite change would be to update Lesson 11 to reflect changing birth control practices, for two of the methods are outdated.

All of the other challenges we faced are largely a result of the functioning level of the participants – this should always be kept in the minds of the trainers so that they can adapt the curriculum appropriately.